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Opening Doors

Information from the Health Care for the Homeless Program

www.bphc.hrsa.gov/hchirc

A FirstStep in the Right Direction

In mid-March, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Health and Human Services (HHS) released *FirstStep,* an exciting new tool designed to raise awareness among case managers and other service providers about mainstream Federal benefit programs for which people who are homeless may be eligible.

FirstStep is an interactive, electronic product, which is available on CD and through the internet. This electronic dissemination allows users to easily access and distribute information, while producers can simultaneously enhance and update content.

FirstStep is the result of 2 years of research and development. The collaboration formed in an effort to discover why more people who are homeless were not accessing all the benefits for which they might be eligible. Research revealed that many people do not access benefits because they are not aware the programs exist. Moreover, they found that many service providers, who often have the ability to act as intermediaries between people and the Federal agencies, were not aware of available programs either. Created in response to this gap between the services available to people who are homeless and their knowledge of those programs, *FirstStep* is intended as a educational primer for both service providers and people who are homeless.

In This Issue

Benefits are critical to a person who is homeless—for financial stability, health care needs, housing. The articles in this issue explore some strategies for better assisting people access these benefits.

We'd like to know about the strategies your program uses for accessing benefits. Contact the HCH Information Resource Center at (888) 439-3300, ext. 247.

FirstStep provides information on eleven Federal benefit programs that fit into 5 general categories:

- ◊ Food Assistance
  - Food Stamps
- ◊ Income Assistance
  - Social Security
  - Social Security Disability Insurance (SSDI)
  - Supplemental Security Income (SSI)
  - Temporary Assistance for Needy Families (TANF)
  - Veterans Affairs Compensation (VA)
- ◊ Health Care Assistance
  - Medicare
  - Medicaid
  - State Children's Health Insurance Program (SCHIP)
  - Veterans Affairs Health Care (VA)
- ◊ Employment Assistance
  - One-Stop Career Center System
- ◊ Housing Assistance
  - Information on HUD housing programs and housing assistance, as well as local contacts and assistance available.

For each program, *FirstStep* provides general information on eligibility and the application process, along with information on appeals processes. There are links to each program's Web site, necessary paperwork, and important additional information (such as an in-depth discussion of "disability" for the SSI

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Success ... the First Time Around

Yvonne Perret knows the Supplemental Security Income (SSI) application process. First as a community social worker and later as Project Director of the Maryland SSI Outreach Project and Executive Director of the Advocacy and Training Center, Yvonne has worked with SSI for nearly 20 years.

Often, a steady source of income and access to medical insurance are two of the missing legs of support for a person experiencing homelessness. SSI, a federally-funded program for qualified blind, disabled, and elderly persons, generally provides both: income support up to the Federal Benefit Rate ($564 in 2004) and Medicaid eligibility from the first full month after the date of application.

If the person applies, that is.

"The biggest difficulty is the disconnect between the requirements of the application process and the abilities of the people we serve to meet those requirements," Yvonne says.

It has been estimated that 40 percent of people who are homeless are eligible for SSI benefits. Only 11 percent are receiving these benefits. Based on estimates of homelessness in the U.S., that could translate to more than 850,000 people without stable housing who may be eligible for SSI but are not receiving benefits.

As Jeremy Rosen, staff attorney at the National Law Center on Homelessness and Poverty, knows, the barriers to receiving SSI benefits can be daunting for people who are homeless: "Many complex application forms need to be completed and filed. Medical records from past years need to be compiled and presented. A person needs identification. He or she needs to be in contact with SSA [the Social Security Administration] over a lengthy period of time, both providing information to the SSA and receiving notifications, updates, and requests from the agency."

And, ultimately, only 30-40 percent of the applications are approved initially. An applicant can appeal a denial, but appeals lengthen an already protracted process.

This is the challenge that Ms. Perret and Mr. Rosen have taken on. They have presented workshops both together and individually, focusing on helping individuals and programs navigate the complexities of SSI. They have also been working on a manual and training curriculum to assist case managers

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and SSDI programs or contact information for local Homeless Veteran Coordinators). A Q&A section answering basic questions is also included in each program's section, and there is a fact sheet that can be printed and distributed to people who might benefit from the programs.

Beyond the informational sections, there are several dynamic tools that service providers can use when working with a client. A benefits checklist provides a tracking tool for both the provider and the person seeking services. The checklist can be used to gather documentation, keep track of appointments, and provide answers during interviews. A "General Tips" section provides hints for service providers on meeting with people who are homeless, helping people access benefits, assisting people from different States or people who have criminal records. There are also tips for clients, so they can make better use of the benefits available.

As a tool that bridges the gap between program existence and utilization, *FirstStep* is a positive move toward addressing the basic service needs of people who are homeless. ▲

For more information on *FirstStep*, to view a copy online, or to request a CD copy:

CMS Web site—*www.cms.hhs.gov/medicaid/homeless/firststep/index.html*

HHS Web site—*aspe.hhs.gov/homeless*

HUD Web site—*www.hud.gov/offices/cpd/homeless/index.cfm*

Community Connections (HUD)—(800) 998-9999

HCH/IRC—(888) 439-3300 or *hch@prainc.com*

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Bureau of Primary Health Care
Jean Hochron, MPH, Director,
Office of Minority and Special Populations

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working with SSA disability benefits, both of which should be available later this year. "The goal," says Perret, "is to get people SSI benefits the first time around. By avoiding the appeals process, you still have the complications of applying, but you save so much time. Time that people can be receiving benefits."

Their secret to success the first time around?

Yvonne Perret and Jeremy Rosen conduct a training in Columbus, Ohio.

Connecting with Individuals

"The first thing you have to do is get someone to want to talk to you, to be comfortable with talking and providing personal information," says Ms. Perret. When assisting someone with an SSI application, you are asking that person to share very intimate details about his or her life with a virtual stranger. Sharing information about housing situations, mental and physical health, treatment histories, and income levels can make most people uncomfortable, to say nothing of the distrust that a person who is homeless can often feel due to his or her life experience.

To overcome this, you need to help the person feel as comfortable as possible. This can involve meeting someone in their own environment or bringing food or drink so they are not hungry or thirsty.

Choice can also help set a person at ease and develop trust. This can be as simple as asking a person how he or she would like to be referred to or asking when and where the next meeting should be.

Representing Applicants

One of the simplest steps you can take is to become the applicant's appointed representative.

A person who is homeless often has no mailing address, no phone number, no third party contact. Missed communication, either from or to SSA, is a common cause of denied eligibility.

As representative for an applicant, you receive a copy of all documentation sent from SSA to the person. This allows you to more easily act as the person's liaison.

The application form to become a person's representative is a one-page form that can be found at any local SSA field office or online at *www.socialsecurity.gov*.

Organizing Information

The SSI application involves a lot of paperwork: the application itself, the SSA Disability Report and Work History Report, and release forms for medical records. In addition, you may discover that the records of the person who is homeless can be spread across several towns, cities, even States. Collecting and keeping track of all this information requires clear organization.

Documenting Functional Information

When making sure the diagnosis is documented fully, don't forget to explain how that diagnosis affects a person's day-to-day life.

As Ms. Perret says, "One mistake many people make is they fail to connect the medical diagnosis with the person's functioning. SSA needs to see how the illness affects a person's ability to work."

To clearly demonstrate that link, Perret and Rosen suggest writing a letter to SSA that outlines how the person's illness affects each aspect of his or her functioning. The effects can be gathered through collected medical evidence, discussions with family members or friends, or your personal observations while working with the person.

"Remember, you are trying to draw a clear picture of this person's entire life for an examiner who will probably never meet the person," said Mr. Rosen.

Follow up

Once a person applies, the application moves from the SSA office to the Disability Determination

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Clearing Away the Paper

In 2001, when Amy Sawaya first started at Wasatch Homeless Health Care in Utah, her job seemed a mountain of paperwork. As their Accounts Receivable Administrator—and entire billing department—she received encounter forms from medical staff, sent out CMS-1500 forms to Medicaid, reviewed Explanation of Benefits (EOBs) for accuracy, and filed billing disputes. She says she knew right away that something needed to change: "The system was just too bogged down."

Not only cumbersome in terms of processing time, the paper billing system had other inherent difficulties. Information was entered multiple times—for internal record keeping and for insurance. Verifying patients' Medicaid eligibility was tricky and, in Wasatch's case, was another task for the billing office. The turnaround time on paper claims was about 30 days, if there was no dispute. And disputes did occur because the paper system lacked the necessary checks-and-balances.

Seeking a change, Amy presented her plan. And so, with the full support the organization's staff, she began the process of converting Wasatch's insurance billing center from paper to electronic.

"I was really lucky," she explains, "because Chris Viavant, the Chief Financial Officer, trusted me to do what I thought best. Many times, it seems like fear—whether because of the cost or the technology or the size of the undertaking—stops people from making the switch. It can be a scary leap to make."

Allan Ainsworth, Executive Director of Wasatch, admits, "The cost of conversion can seem daunting at

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Services, where the determination of his or her medical eligibility is made. The entire process usually takes from 3 to 6 months.

To ensure that the examiners who review the application have what they need, you should remain in close contact with them throughout the process. Check in with a phone call every couple weeks to see how the application is proceeding. This helps to keep the process running smoothly.

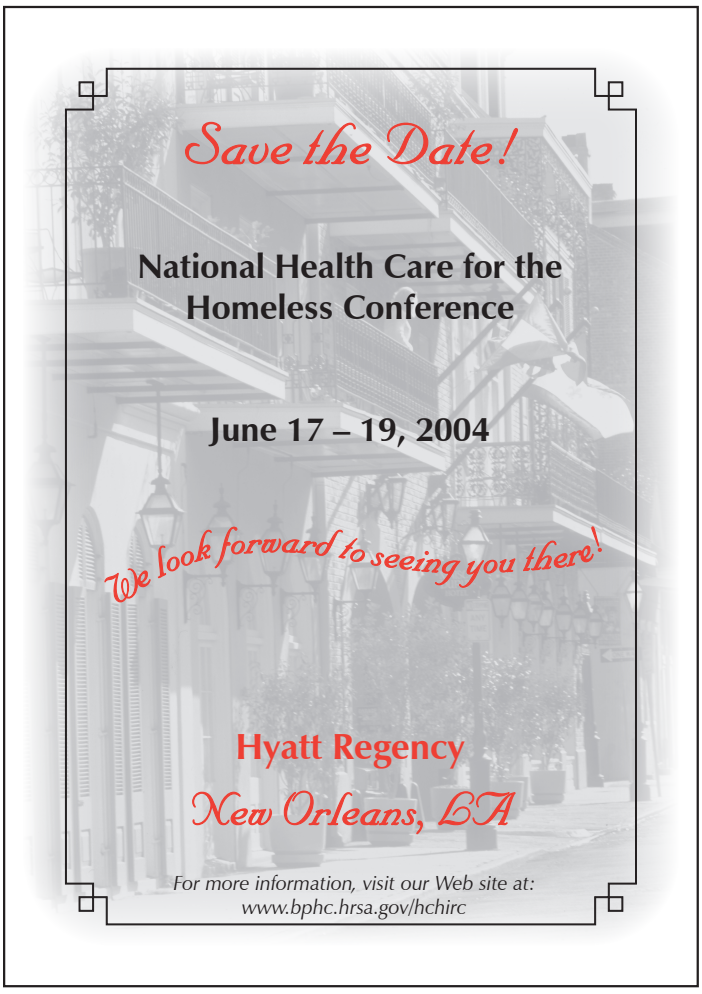
Also, maintaining contact with the SSA and DDS examiners allows you to develop a relationship with them, which can only help.

As both Ms. Perret and Mr. Rosen insist, however, the most important thing you can do is respect the person whom you are assisting.

"Respect, care, and compassion are critical ingredients to success," says Ms. Perret. "And," Mr. Rosen is quick to add, "seeing the importance of what you do, in other people's life, yes, but also in your own." ▲

For more information, contact Yvonne Perret, Executive Director of the Advocacy and Training Center, at *yperret@hereintown.net*, or Jeremy Rosen, Staff Attorney of National Law Center on Homelessness and Poverty, at *jrosen@nlchp.org*.

See Yvonne Perret's presentation this June at the National HCH Conference in New Orleans!



HCH Clinician Network's News

Clinicians' Network honors members for fight against homelessness

The Health Care for the Homeless Clinicians' Network will honor a number of its members during the Ninth Annual Membership Meeting on Thursday, June 17, 2004. The awards ceremony and meeting will take place during the National HCH Conference in New Orleans. Noted researcher and author Donna H. Friedman, PhD, will deliver the keynote address at the Network's meeting. Dr. Friedman is Director and senior fellow for the Center for Social Policy at the John W. McCormack Institute of Public Affairs, University of Massachusetts, in Boston. She is author of Parenting in Public: Family Shelter and Public Assistance and a consultant for the Massachusetts Department of Transitional Assistance Working Group on Family Homelessness. Dr. Friedman is also the research advisor for the Paul and Phyllis Fireman Foundation's One Family Campaign and its work with the Governor's Executive Commission on Homelessness.

Committees respond to needs for pediatrics education at National HCH Conference

The Network's Pediatrics Interest Group recommended that a course on teaching parenting skills to homeless parents be offered at the National HCH Conference. Dr. Donna H. Friedman developed the workshop, "Parenting in public: Strength-oriented support for parents caring for their children in shelters," which is scheduled for Saturday, June 19, 8:30–10 am. This session

Dr. Donna H. Friedman

will present culturally-sensitive approaches to helping parents deal with the challenges of parenting in shelter settings and consider organizational environments that minimize parenting stress. Building on this area of interest, the Network's Pediatrics Work Group is developing a full-day institute on parenting skills, which will be offered in 2005.

The Network Education Committee and Pediatrics Work Group collaborated on an adolescent mini-track for the upcoming conference. Consisting of three advanced sessions, topics include contraception for homeless adolescents, the impact of homelessness on the social, cognitive, developmental, and physical health of adolescents, and best practices in delivering services to at-risk and homeless teens. These sessions will be offered back-to-back at the conference on Friday, June 18. Look for information about the parenting skills workshop and adolescent mini-track in the conference brochure and online at *www.bphc.hrsa.gov/hchirc*.

For more information on the annual membership meeting or Network-sponsored workshops, call (505) 872-1151 or email *network@nhchc.org*.

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first. However, I would urge anyone considering an electronic system to weigh the upfront costs with the long-term benefits of increased revenue, efficiency, and quality of service provided."

As a first step toward an electronic system, Amy created a series of Excel spreadsheets both to populate the patient data in the CMS forms and to track the billing. These simple changes gave the system some immediate, needed accountability.

A second phase of conversion quickly shifted the organization to a Direct Data Entry (DDE) system, a free system for electronically entering Medicare claims. Since DDE is only offered for Medicare, Wasatch contracted with the Utah Health Information Network (UHIN) for its Medicaid billing

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needs. A coalition of service providers, insurers, State agencies and other parties, UHIN acts as a clearinghouse for electronic transactions of medical data. Using UHIN and Medicare's DDE, the organization was then able to conduct all of its insurance billing electronically. In addition, Wasatch implemented Medicaid On-Line, a software that allows users to access Medicaid files to quickly determine a patient's eligibility and information.

While these first steps got them up on their electronic feet, Wasatch was still not running where they wanted to be. The electronic process began with Amy—the rest of the organization was still stuck on paper.

Over the next 2 years, they worked to complete the final phase. This involved switching the organization to a more integrated software that would allow the process to be entirely paperless. After researching the various options, Wasatch decided on a version of the software suite Medical Manager designed specifically for community health centers by WebMD.

"Research is key at this stage," warns Amy. "There are a number of options out there. With the complexity of the operation, and particularly with Health Insurance Portability and Accountability Act (HIPAA) compliance issues, you want to be sure you have a reliable program with solid support."

For the support piece, Wasatch joined the Health Choice Network (HCN), an association of community health centers in Utah, Florida and New Mexico. By using HCN's software support, Wasatch is able to reduce technical headaches when dealing with difficulties within Medical Manager.

By April, 2003, the software was in place. All that was needed now was the administrative framework to make it easy for staff and volunteers to use. Initial, on-site trainings were conducted by HCN to help everyone become familiar with the electronic billing process. After the first series, Wasatch provides routine in-service trainings to continue education. They developed a system of bonuses based on insurance revenue, which provides incentive to use proper coding practices. To further improve coding practices, Amy became a certified professional coder (CPC), receiving her certification through the American Academy of Professional Coders (www.aapc.com). *[Certification is also offered through the American Health Information Management Association, or AHIMA (www.ahima.org).]*

With these changes in place, Wasatch billing revenue between 2000 and 2001 increased almost 50 percent, and has gone up steadily in the years since. With patient eligibility easily determined at the reception desk, more patients were able to use their Medicaid benefits. Turnaround times on claims were reduced to a week. Amy and the billing department were able to process claims more quickly and efficiently. Information only had to be entered once, and internal software monitoring caught errors before the billing was submitted.

> *"I would urge anyone considering an electronic system to weigh the upfront costs with the long-term benefits of increased revenue, efficiency, and quality of service provided."*

"The improvement was immediate and pretty dramatic," Amy says. "Not only was billing faster, but it was so much more complete. I didn't have to spend time verifying information and entering it into a number of different systems. We had less errors and more money coming in. And, even though insurance billing is less than 5 percent of our revenue, it is unrestricted money that can be spent where we most need it."

Early 2004 finds Amy out from behind her mountain of paperwork, happily helming an electronic billing system that is all-around more efficient for Wasatch. Her advice for an organization seeking to make the move to an electronic system?

"Have faith in your workers and give them the flexibility they need," she says without hesitation. "Without that, we would not have been able to do any of this. Research all your options."

"And make sure to engage everybody to get good information. Billing is really something that begins at the front desk and continues all the way back to Amy's office," Allan adds.

And now, it all happens electronically. ▲

For more information, contact Amy Sawaya, A/R Administrator of Wasatch Homeless Health Care, at *amys@fourthstreetclinic.org.*

See Amy Sawaya's presentation this June at the National HCH Conference in New Orleans!

We're Back!

The HCH Information Resource Center (HCH/IRC) is, once again, pleased to distribute *Opening Doors* to grantees and others interested in health care for individuals who are homeless. This information bulletin apprises readers of current issues on homelessness and health care, including clinical advances, program models, funding, and legislative changes.

What's New?

New grantees ... joined the family of HCH providers, which now totals 161 sites nationwide, including Puerto Rico and the District of Columbia.

New directory ... provides contact information, description of services, linkages, subcontractors, and more. The 2003-2004 HCH Grantee Profiles can also be viewed and downloaded at *www.bphc.hrsa.gov/hchirc*.

New videos ... loaned free of charge to grantees. Recent entries include:

- *World's Apart*—a four-part series on cross-cultural health care
- *Working Like Crazy*—challenges stereotypes around mental illness and employment
- *Leap of Faith*—provides a Federal perspective faith-based/community initiatives

New publications ... available in both hard copy and electronic format (nearly 7,000 entries). Recent publications include:

- Han B, Wells B. *Inappropriate Emergency Department Visits and Use of the Health Care for the Homeless Program Services by Homeless Adults in the Northeastern United States*. Journal of Public Health Management Practice 9(6): 530-537, 2003.
- Kushel M, Evans J, Perry S, Robertson M, Moss A. *No Door to Lock: Victimization among Homeless and Marginally Housed Persons*. Archives of Internal Medicine 163(20): 2492-2499, 2003.
- Lewis J, Andersen R, Gelberg L. *Health Care for Homeless Women: Unmet Needs and Barriers to Care*. Journal of General Internal Medicine 18(11): 921-928, 2003.
- Mottet L, Ohle J. *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. Washington, DC: National Gay and Lesbian Task Force Policy Institute, 2003.
- National Center on Family Homelessness. *Social Supports for Homeless Mothers*. Newton Centre, MA: The National Center on Family Homelessness, 2003.
- Yun L, Reves R, Reichler M, Bur S, Thompson V, Ford,M. *Outcomes of Contact Investigation among Homeless Persons with Infectious Tuberculosis*. International Journal of Tuberculosis and Lung Disease 7(12): 405-411, 2003.

How Can We Help You?

Contact the HCH information resource specialist at (888) 439-3300, extension 247, or *hch@prainc.com*. You can also visit our Web site at *www.bphc.hrsa.gov/hchirc*.

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Program Update

HRSA Funds Seven New HCH Programs

Seven new grantees were funded in Fiscal Year 03 to provide health care and support services to individuals who are homeless. The total number of HRSA-funded Health Care for the Homeless programs now stands at 161, and more than 600,000 individuals are being served in 50 States, the District of Columbia, and Puerto Rico. The newest programs to join the HCH family are:

- AtlantiCare Health Services, Atlantic City, NJ
- Central City Concern, Portland, OR
- Central Counties Health Centers, Springfield, IL
- Human Services Commission of Lane County, Eugene, OR
- Native American Rehabilitation Association of the Northwest, Portland, OR
- Project Samaritan Health Services, Jamaica, NY
- Santa Clara Valley Health and Hospital System, San Jose, CA

Information about these and all other HCH programs, including more than 300 subcontractors, can be found in the newly published 2003-2004 HCH Grantee Profiles. A limited number of hard copies are available through the HCH Information Resource Center. The directory can also be downloaded at *www.bphc.hrsa.gov/hchirc*.

Budget for HCH Reaches $140 Million

The Congressional budget for the 2004 Fiscal Year (FY 04) includes substantial increases for Health Centers. The total Health Center budget now exceeds $1.6 billion. The Health Care for the Homeless program is receiving 8.6 percent of this amount, or $140 million for FY 04, an increase of $10 million from last year's appropriation.

UDS Provides snapshot of HCH Clients

Data collected for the Uniform Data System for the 2002 Calendar Year (CY 02) shows that HCH clients continue to be largely male (59 percent), with more than half (53 percent) between the ages of 20 and 44. The majority (73 percent) have no medical care resources and, where income is known, 94 percent of homeless clients were living at or below the Federal Poverty Level. CY 03 data will be released in mid-2004.

Health Care for the Homeless
INFORMATION RESOURCE CENTER
Policy Research Associates, Inc.
345 Delaware Avenue, Delmar, New York 12054